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# THE RHODE ISLAND MEDICAL JOURNAL

Volume XXIV

JULY, 1941

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## BENJAMIN WATERHOUSE

HERBERT G. PARTRIDGE, M.D.

190 ANGELL STREET, PROVIDENCE

Of all the sons of Newport who were distinguished in matters medical, Dr. Benjamin Waterhouse, in the literal sense of the word, was the most noteworthy.

He was born in Newport on March 4, 1754, in a house fronting on Liberty Square. His father was Timothy Waterhouse, a tanner, who originally lived in Portsmouth but removed to Newport where he became a man of considerable prominence, being a Judge of the Court of Common Pleas and later a member of the Royal Council for the Colony of Rhode Island and Providence Plantations. His mother, Hannah Proud, was a niece of Dr. John Fothergill, one of the leading physicians of London. This family relationship had great influence upon the career of Waterhouse, as will be seen later. Both father and mother were Quakers.

He was educated at the school of Dean Berkeley, at Middletown, and states himself that he was much influenced by one Robert Lightfoot, a graduate of Oxford, who was then resident at Newport. One of Waterhouse's schoolmates who lived at his home was Gilbert Stuart, who later became the famous portrait painter. Both boys were interested at that time in painting and it has been stated that each painted a portrait of the other. None of the work of Waterhouse has survived but the portrait of Waterhouse by Stuart now hangs in the Redwood Library in Newport.

After leaving the Berkeley School, Waterhouse at the age of 16 began the study of medicine with Dr. John Haliburton who was a leading physician of Newport. He was, however, so much a sympathizer with England during the troubled times of the Revolution that he was forced to leave his practice and remove to Halifax, N. S. where he subsequently became one of the most prominent medical practitioners.

After working under Haliburton for about five years Waterhouse in 1775 sailed for England and went directly to the home of his great uncle, Dr. Fothergill. Here he lived in the family and in later years spoke of the great privilege that was his of sitting at the table, of studying with Fothergill and listening to the words of this wise man. After some time he went to Edinburgh, no doubt acting upon the advice of his grand uncle. Here he was accorded an unusual honor for one so young and a stranger in the city, being made Acting Secretary of the Royal Society. He remained here for three years and after a short time again in London, was sent to the University of Leyden, at that time probably the leading Medical School of the world. He studied in Leyden for four years and obtained the degree of M.D. in 1781, six years after leaving home. He remained in Europe for another year, evidently being well supplied with funds. He travelled extensively and made notable friends, among them being Franklin, John Adams, and John Quincy Adams.

In 1782 he returned to Newport, and began practice. It has been said that he was at that time probably the best educated physician in the United States.

In 1783 the Harvard Medical school was founded. Waterhouse was asked to assist in its establishment and was offered the position of Professor of the Theory and Practice of Medicine. The school opened with only three professors, the other two being Dr. John Warren and Dr. Aaron Dexter. On October 9, 1783, Dr. Waterhouse delivered the Inaugural Address, in Latin, before a brilliant audience of the leaders in the civic, religious and professional life of the community. It was an occasion of more than ordinary significance in the city and state and even in the country, but strange to say no official record of the ceremonies was published until he himself recorded it forty-six years later.

Read at the one hundred and thirtieth Annual Meeting of the Rhode Island Medical Society, Newport, May 28-29, 1941.

On receiving his appointment as Professor, he removed from Newport where he had brilliant prospects, to Cambridge where he at once became very active in many matters outside of his professorial sphere.

In 1786 and '87 he delivered at RHODE ISLAND College in Providence (now Brown University) a course of lectures upon Natural History — these being the first lectures upon that subject ever to be given in America. They proved to be so popular that they were repeated in Cambridge annually for more than forty years. In connection with them he obtained from Dr. Lettson of London, who was a colleague of Fothergill, a collection of minerals which was the beginning of the Mineralogical Museum now at Harvard. He was also influential in establishing a Botanical Garden in Cambridge, so that he might have plants to use in his lectures.

We have recounted the significant events in the career of Benjamin Waterhouse, each one of which is of considerable moment, but all of these are overshadowed by his greatest achievement, the introduction of Vaccination into the United States.

Early in 1799 he received from his friend, Dr. Lettson, whom we have mentioned previously, a copy of a pamphlet written by Dr. Edward Jenner, entitled "Inquiry into the Causes & Effects of the Variolae Vaccinae on Cowpox," published the year before. The statement is commonly made that this was probably the first copy to come to America. Waterhouse was at once intensely interested in the new idea and on March 12, 1799 published in the *Columbian Centinel* of Boston a brief note, bearing the unusual title "Something Curious in the Medical Line," giving a description of the new discovery with some original remarks as to its wonderful efficacy against small pox. In after years he wrote "This publication shared the fate of most new discoveries. A few received it as a very important discovery, highly interesting to humanity; some doubted it; others observed that wise and prudent conduct which allows them to condemn or applaud as the event might prove; while a great number ridiculed it as One of those medical whims which arise today and tomorrow are no more." This language of 140 years ago sounds strangely modern.

As has already been intimated, Waterhouse so far as is known, was the first in America to appreciate the significance of the new discovery but

after these many years we are led to wonder just why he was the one who had vision. It is undoubtedly fair to say that through his association with Dr. Fothergill he met Dr. John C. Lettson who sent him the first copy of Jenner's work. But this fact alone does not wholly explain Waterhouse's immediate grasp of such a new method in medicine. We shall never know. It may be only because *he* was the first in America to have direct information, for there were many learned and progressive physicians in America in 1801.

A few weeks after the note in the *Centinel*, he gave an account of the "new discovery" at a meeting of the American Academy of Arts and Sciences in Boston. This meeting was presided over by John Adams, then President of the United States. It will be remembered that Adams had known Waterhouse in Leyden. At this meeting Adams was much interested and subsequently became an ardent advocate of vaccination.

Having become thoroughly convinced of the efficiency of vaccination, Waterhouse at once made efforts to obtain from England samples of the vaccine virus. Apparently he was at first unsuccessful, but finally received a supply from Dr. Haygarth of Bristol, England. I have been unable to identify this physician. This virus reached Waterhouse in June 1800, more than a year after he had read the pamphlet written by Jenner.

On July 8, 1800, he vaccinated his five year old son, Daniel Oliver Waterhouse, then his three year old son and several other children. These vaccinations were all successful and thus David Oliver Waterhouse bears the distinction of being the first person to be vaccinated in America. We should pause here to remark the daring and the courage of conviction of Waterhouse, who was using an entirely new method in medicine and who chose for his first patient his own son. Undoubtedly he had in mind the terrible scourge of small pox as it was known at that time and was ready to grasp at any means to prevent it. None the less it was a brave man who would dare to expose his own loved ones to a possibility of failure. We cannot but admire him for his steadfastness of mind.

From that time he used every effort to spread the knowledge of vaccination, corresponding at length with President John Adams and with Jefferson. The latter became so convinced of its value that his family and servants were all vaccinated.



The popularity of vaccination spread to Baltimore, New York and Philadelphia, and while there remained a few doubters, within twelve or thirteen years it was generally received as a valuable method of treatment.

Space does not permit an account of many of the rebuffs and criticism which he suffered both from members of the profession and from the laity. We now know that he was a pioneer in this country and that after 140 years he should be acclaimed as the physician who introduced vaccination into the Western Hemisphere. Surely he should be esteemed as one of the greatest benefactors of the people.

Dr. Waterhouse seems to have been unpopular with his colleagues at the Medical School and was the object of much criticism, so much so that in November 1811 formal charges were brought against him by a group of those interested in the School, asserting that he was embarrassing the affairs of the School and that he was wanting in veracity. In February 1812 he defended himself before the Corporation apparently showing that the charges were brought by his personal enemies from jealousy and self interest. On March 11, 1812 the Corporation of Harvard College, not being satisfied with his defense, voted to give Dr. Waterhouse "opportunity to take measures on his part to restore harmony and confidence between the Medical Professors at the Medical School of the University and himself." Apparently nothing came of this, for on May 20, 1812 the Corporation issued a long statement reviewing the whole case, stating that Dr. Waterhouse was not acceptable to the members of the teaching staff and that his connection with the School should cease. Thus ended a period of teaching of nearly thirty years. According to his own statement he received no salary for the first fifteen years and during the later years of his professorship the salary was hardly over four hundred dollars per year. We do not know whether he engaged in private practice but it is probable that he thus eked out an income sufficient to educate his children. We do know that in 1810 he petitioned the Massachusetts Legislature to grant him some pecuniary reward for the time and money expended by him in the propaganda for vaccination. This request bore no fruit and he was bitterly disappointed, writing to Lettsom with whom he had corresponded for years, "For the honor of my country I am ashamed to tell Dr. Jenner how I have

been treated by our Legislature respecting remuneration. I have received nothing but abuse."

After leaving the Professorship, Waterhouse was appointed by President Madison to the position of Supervisor of the nine Military Posts in New England. He held office from 1813 to 1820. From that time he devoted himself almost entirely to literary matters. He wrote many articles on medical topics and in addition at least one novel and a scholarly Essay on Junius, and His Letters, of which he attributed the authorship to Lord Chatham. He was a voluminous letter writer, corresponding with many distinguished men both in this country and abroad.

Dr. Benjamin Waterhouse died in Cambridge, October 12, 1846, in his 93rd year and was buried in Mount Auburn Cemetery. It is interesting to note that he cherished the memory of his birthplace and expressed the belief that Newport would one day become the Bath of America, a haven of rest and recuperation for invalids. He often wished that he might return to his old home in his declining years.

Dr. Waterhouse was a member of many organizations both at home and abroad. He was a Fellow of the American Academy of Arts and Sciences, the Philosophical Society of Philadelphia, the Royal Medical Society, the Jennerian Society of London, the Society of Agriculture and Commerce of Marseilles, and the Royal Medical Society of Edinburgh, of which he was Secretary. Dr. Waterhouse was one of the greatest benefactors of the people of the Western Hemisphere.

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#### LUNG INVOLVEMENT SECONDARY TO INFECTIONS OF THE UPPER RESPIRATORY TRACT

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A great deal has been written in the past about secondary lung involvement or extension into the lung field of the common cold, of catarrh, or of sinusitis with post nasal drainage, of the indiscriminate use of nosedrops, especially oil, and of lung abscess following tonsillectomy.

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Read at the Newport Hospital, during the one hundred and thirtieth Annual Meeting of the Rhode Island Medical Society, at Newport, May 28-29, 1941.

I became interested in this subject about twelve years ago after watching children with nothing but a slight head cold in the beginning go on to have bronchitis, asthma and pneumonia, and in caring for patients who use nose drops, who get the directions for their use over the radio, from the pamphlet enclosed in every package, or from well meaning friends.

Many of the older writers held to the theory that upper respiratory infections spread to the lung field by way of the blood and lymphatic systems. I do not wholly subscribe to that theory but I know that the lung is involved by direct extension of the secretions from the upper respiratory system and that this occurs at night when the gagging and coughing reflexes are diminished or absent. It also tends to prove that the passage to the stomach is closed and the one to the lung is open. I shall try to prove both in this paper.

Let us take a case of chronic sinusitis with the discharge running down the posterior pharynx. During the day this material is easily expectorated or swallowed because the normal reflexes are present. Now the same drainage continues at night when the person is asleep. But where does it go? During sleep the reflexes of the body are diminished; so are the coughing and gagging reflexes.

The coughing and gagging reflexes are not brought into play while asleep unless there is an irritation sufficiently strong to arouse them. The posterior pharyngeal discharge is not as a rule very irritating for many reasons. It is not foreign to the human body. It is made up of cellular material and fluid and from the same body only from higher up, in the nasal passages or the sinuses. It may or may not contain organisms. This drainage has been going on for some time and the posterior pharyngeal wall and its reflexes have become good friends. It is not uncommon to see long strings of mucous and pus upon the posterior pharyngeal wall with the patient absolutely unconscious of their presence. There is no cough, providing that the material is either non-irritating, or that the gagging reflex threshold is elevated.

Now, let us continue with this drainage from the pharynx to the larynx, trachea and bronchi. The same holds true here also, that the reflexes are diminished during sleep. So, the drainage continues on its way down into the lung field to produce bronchitis, asthma, bronchial pneumonia or lung abscess.

A lipoid pneumonia from the indiscriminate use of oily nose drops may have started as a pure case of sniffles during which the drops were used to open the nasal passages so that the person could breathe easier. As a rule, nose drops are used freely; frequently from early morning to late at night. Many of these oily nose drops contain a mild irritant such as ephedrine plus a mild anesthetic such as thymol and menthol. During the day the excess of material that drains into the throat can be expectorated, but oily drops when used just before retiring run down from the posterior pharynx into the larynx and diminish the coughing and gagging reflexes because of the mildly anesthetic action of the thymol or menthol and leave a wide open passage right into the lung, depositing the oil in the right lower lobe ready to set up its irritation. This irritation is due not only to the aromatics but also to the vehicle used, generally mineral oil.

I have used the following procedure to demonstrate how the discharge flows into the lung:— With the patient on his back, a soft rubber tube was inserted along the floor of the nose and pushed back to the naso-pharyngeal space but not against the posterior pharyngeal wall. The tube was anchored with adhesive tape. The free end of the tube was then connected by another tube to a funnel, flask or burette containing lipiodol. The container was held about a foot above the level of the patient's nose on a clysis stand. When we were sure the patient was asleep, the pet cock was opened, allowing two or three cc. of the lipiodol to run slowly down the tube, depositing upon the posterior wall of the nasal pharynx. Seven to ten minutes was allowed for this procedure, then a wait of a half hour before repeating the process. This procedure was continued until about one ounce of the lipiodol had run out of the bottle into the naso-pharynx. Two hours after the last lipiodol had run in, X-rays were taken of the lung and there we found this radio-opaque substance—mostly in the right, lower lobe.

I think that this is the first time it has been definitely proven in a human being that drainage from the nasal pharynx flows into the lung field when the patient is asleep. It also proves that the gagging and coughing reflexes are absent or markedly diminished during sleep.

In closing may I make a plea for further work along this line especially by allergists and students of chest pathology.

## MEASLES

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The cause is still unknown although it is generally thought to be a filterable virus. On this account we have no method of active immunization. Herrman in 1914 inoculated intranasally 165 babies in their fifth month with nasal washings from healthy measles patients. There were no bad reactions and immunity was apparently established. For obvious reasons the method did not become popular. It depended on the fact that babies are practically immune to measles in the first 2 months if their mothers have had it. This inherited resistance gradually fades and is lost at 8 months, except for about 3% of the population who are naturally immune through life.

Passive immunity on the other hand is of great value. Inoculations in the incubation period will either prevent measles or make it milder. This treatment is probably not used enough by the profession because measles is generally considered unimportant: It is true that it is getting milder all the time, perhaps from racial immunity but it is still the cause of about 6% of the deaths under 3 years. The mortality per 100 reported cases is around 2%, which makes the real mortality perhaps 1%. Beside the saving of an occasional child, the prevention of complications and uncomfortable symptoms well justifies the procedure.

There are three substances used to modify measles; adult blood, convalescent serum and placental extract.

The blood of any adult who has had measles in childhood contains enough antibodies to protect if enough is injected. 10 to 30 C.C. intramuscularly on the 5th or 6th day of incubation will modify the disease in the great majority of cases. Because of the large size of the injection and the uncertainty of the antibody content, this method is inferior to the others.

Convalescent serum is the ideal method. We have used it here since it was introduced by Dr. Richardson over 20 years ago, and with consistently good results. Six to eight C.C. injected on the 4th or 5th day after exposure (the day of the first patient's rash and the day following) will sometimes prevent the disease entirely. Four to 6 C.C. on the 5th or 6th day of the incubation period will cause a modified measles. There are no disagreeable reactions and its only disadvantage is the difficulty in finding enough donors.

Placental extract has the advantage of being commercially available. While not as satisfactory as convalescent serum it works in 90 to 95% of the cases. There is apt to be some local reaction to it especially if care is not taken to inject it into a muscle. For children under 4 years—2 C.C. on the 5th or 6th day will modify sufficiently. More is needed to prevent measles entirely and a larger dose is essential for older children.

The doses of these agents can not be arbitrarily stated but depend on the size of the patient, the day of exposure and how much protection is desired. Complete prevention should not be our aim in most instances. It is much better to allow a mild attack and thereby secure a lasting immunity. This method is not of value except when there has been a definite exposure, usually to a sibling. The immunity lasts such a short time that we are not justified in using it in questionable contacts or simply because there is an epidemic in the city.

Read before the Providence Medical Association in a panel discussion on "Immunization," May 6, 1940.

## IMMUNIZATION AGAINST DIPHTHERIA

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The immunization procedures of diphtheria have been of much interest to me for several reasons. Diphtheria at the present time has been practically eradicated from the areas in which immunization procedures have been carried on. At the present time in Providence, the death rate has been reduced to one death for the years 1937-38-39 from 19 cases and in Pawtucket there have been no deaths from 12 cases in the past three years.

The first work on active immunization was carried on by the late Park and his co-workers in 1913. Toxin antitoxin was used with marked lowering of the mortality. Since that time active immunization against this disease by one of the three methods has been one of the requirements of childhood. One method is toxin antitoxin which is to be preferred for individuals over ten years of age, three doses. The second method is diphtheria toxoid and the third, the alum precipitated toxoid. Toxin antitoxin has been longest in use. Diphtheria toxin antitoxin is made from mature diphtheria toxin but has a sufficient amount of diphtheria antitoxin to

decrease its toxicity and three injections are given of c.c. at weekly intervals. In 1924, Park, Zingher and Schroeder announced a diphtheria toxin which could be changed by toxoid by long standing and gave usually good immunizing results.

In 1924 Ramon also developed a non-toxic diphtheria toxoid by adding formulin. The advantage of toxoid over the toxin antitoxin is that it contains no serum and the only protein constituents is from the meat and peptone used in the broth.

Following the use of toxoid in 1930, Havens and Wells began to perfect an alum precipitating toxoid with the idea of one injection producing an immunity.

Immunity in toxoid develops quite rapidly within six to ten weeks and if a Schick test is done, the vast majority of cases are Schick negative.

There is considerable opinion concerning the value of the one dose method of immunization against diphtheria and the toxoid multiple dose. One large biological research laboratory has maintained from experimental work that one injection of the unmodified toxin is not sufficient to give complete immunization. This statement is made by Schick in procedures on immunization in the book published by the American Academy of Pediatrics. Two injections in modified toxoid are satisfactory. In my own experience, I have employed three doses of the unmodified toxoid, given at three week intervals, which give practically 100% immunity.

The use of toxin antitoxin is slow in development of immunity and there have been few accidents from animal serum.

The one dose alum precipitate does not immunize the individual as was originally thought. The time for the use of whatever method is employed is of importance since nearly all children are susceptible to diphtheria between the age of six months and four years, the mortality being highest between the first and fourth year. Therefore, immunization should be given at about the ninth month. If immunization is given before the ninth month, we are not sure as to whether or not we will secure complete immunity.

In conclusion, toxoid inoculations for the immunization of diphtheria should be given at the ninth month and my opinion is that it should be given in multiple doses of 2-3 injections. Whether the plain or alum precipitate is used is immaterial. The Schick test should be carried out to determine whether immunity is present six months after the immunization.

## MATERNAL MORTALITY, 1940

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In 1938 the International Statistical Institute meeting at Paris revised the International List of Causes of Death. The rubrics 140 to 150 deal with diseases of pregnancy, childbirth and the puerperium. The list is presented herewith to show the most recent changes in the classification.

It is interesting to note that under 140, self induced abortion and criminal abortions are not included. These were formerly classed as homicides. There is a finer subdivision of the hemorrhages of pregnancy and of childbirth (143 and 146). This also applies to toxemias of pregnancy 144 and puerperal toxemias 148.

### *Classification of Maternal Deaths*

140b .....	2
140c .....	2
142a .....	1
145 .....	1
146a .....	2
146b .....	1
146c .....	3
147a .....	1
147b .....	3
147d .....	1
148a .....	2
149a .....	3
149b .....	2
150c .....	1
Total .....	25
Non-Obstetrical Deaths .....	6

140b. There were two spontaneous abortions with mention of infection. One occurred in the 6th week of pregnancy. The patient was septic on admission and, after packing, passed the fetus. In spite of adequate chemotherapy patient died of a blood stream infection.

The second in the 14th week of pregnancy and, after an initial diagnosis of pelvic abscess, the possibility of ectopic pregnancy was considered. Operation revealed a right, tubal abscess. The patient died eight hours after operation in shock.

140c. There were two self induced abortions with mention of infection. Both occurred after the use of an unsterilized catheter. Both had adequate chemotherapy, blood transfusions, and supportive treatment, but both died of sepsis.

142a. There was the one case of ruptured ectopic pregnancy in which the patient was treated at home



for one month and on admission showed evidence of genital infection. Laparotomy revealed ruptured ectopic pregnancy with marked hemorrhage. The patient died after a septic course of generalized peritonitis.

145. One case of hydatidiform mole is classified under this rubric. (Other diseases and accidents of pregnancy.) There was amenorrhea, abdominal pain, weight loss, and increase in the size of the uterus inconsistent with the duration of the amenorrhea. On the way to the hospital for a supracervical hysterectomy, the uterus emptied spontaneously. Following the operation the patient died of generalized peritonitis.

146a. There were two cases of placenta previa. Both were primigravida who had no evidence of bleeding until shortly before admission. In one the bleeding was slow but persistent, while in the other the hemorrhage was copious and sudden. Both had manual dilatation of the cervix with version and extraction. One of the cases presented a picture of a kidney shut-down before death. The other died of exsanguination.

146b. One case of avraption placenta was investigated. The patient had no prenatal care, and, until the day of admission after bleeding five days, had consulted no physician. On admission the patient was bled out. A supracervical hysterectomy was done after six hours. A generalized ooze of blood from all tissues was uncontrollable and the patient died in shock.

146c. In this group were classified three cases of post partum bleeding. In one case the placenta was not delivered after six hours at the time of death. There was no excessive external bleeding, according to the family, but the terminal picture was that of shock.

The second case was one in which the uterus failed to contract or respond to oxytocics. Just before delivery the patient had a convulsion, the exact etiology of which is unknown.

The third case died sixteen days after delivery. Several severe hemorrhages occurred during this time. After hysterectomy, it was shown that the bleeding site was in the scar of a former classical Cesarean Section which had been eroded by placental attachment.

147a. One case died of puerperal pyelitis and pyelonephritis. Death occurred after a nephrectomy. The patient developed the kidney infection in the sixth month and delivered in the seventh month. During this time she received all the prenatal care she had since the beginning of her pregnancy.

147b. Three cases died from general puerperal sepsis. One followed a Cesarean Section after attempted low forceps and an unsuccessful version and extraction. Death occurred on the 9th day.

The second followed a Cesarean Section, death occurring on the eighth day. In this case the surgeon attempted to do a low flap section but was unsuccessful and a classical section was done. The bladder or G. I. tract were not disturbed and the onset of sepsis was not explained by the attending physician.

The third case had prolonged first stage with ineffective pains, discharged from hospital not in labor, returned in 48 hours with fever and high leukocytosis. Membranes intact, no vaginal examinations made. High forceps, macerated stillborn delivered. Cause sepsis.

147d. There was one case of puerperal embolism and sudden death. She died on the ninth day post partum as she got up to sit in a chair for the first time. There was no evidence of infection or phlebitis.

148a. There were two cases of death from puerperal eclampsia. No prenatal information on one of the cases is available but the other had hypertension and albuminuria in the third month. Prenatal care was inadequate, there being only four visits made until admission in the eighth month. Convulsions were ante, intra and post partum and were not controlled by a well rounded therapeutic regime. The other case had increasing blood pressure in early labor and convulsions before and after delivery.

149a. Three cases died from ruptured uteri. The first was in a multipara who had a fairly normal labor without oxytocics. There was sudden, sharp pain and the placenta separated prematurely. The uterus was found to be ruptured on postmortem examination.

The second followed manual extraction of a retained placenta. In this case there was steadily increasing anemia and increasing infection. The uterus was found to be ruptured on postmortem examination.

Presented at the Annual Meeting of the House of Delegates of the Rhode Island Medical Society, Providence, May 8, 1941.

The third followed a version and extraction in a septic case in which the baby was known to have died about two weeks before the onset of labor. There was no postmortem on this case but the attending physician thought that the consultant had torn the lower uterine segment and possibly the broad ligament in the dilatation.

149b. One case died following a Cesarean Section on the sixth day. Her post operative course was septic. In this case the death was attributable to the section.

Another case under this rubric followed inhalation of vomitus after anaesthesia. This was not a case of over dosage of the anaesthetic agent.

150c. There was one case that died following a transfusion reaction. The indication for the transfusion was gradually increasing anemia after post partum bleeding.

#### *Non-Obstetrical Deaths*

Of the six non-obstetrical deaths, one died of pulmonary tuberculosis, one of subacute bacterial endocarditis, one of rheumatic heart disease (re-activated), and three were due to acute cardiac failure. One of the last was antepartum, one intrapartum and one postpartum.

#### *Prenatal Care*

Prenatal care of the patients studied has been classified as follows:

Class I. Good prenatal care. It consisted in the patient reporting to the physician in the second month, thorough examination, regular return visits, blood pressure readings and urinalysis.

Class II. Fair prenatal care. It began not later than the seventh month but is not as complete as the foregoing.

Class III. Poor care. This may have begun in the early months and was either not constant or consisted of only a few visits. Some patients had no prenatal care.

In others the classification is not applicable.

*Table of Distribution*

	<i>Puerperal Deaths</i>	<i>Non-Obstetrical</i>	<i>Total</i>
Class I .....	6 .....	1 .....	7
Class II .....	5 .....	2 .....	7
Class III .....	4 .....	2 .....	6
None .....	3 .....	1 .....	4
Not applicable .....	6 .....	0 .....	6
Not known .....	1 .....	0 .....	1
Total .....	25 .....	6 .....	31



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28 Everett Avenue, Providence, R. I.

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#### ANNUAL MEETING AT NEWPORT

The one hundred and thirtieth Annual Meeting of the Rhode Island Medical Society, held at Newport on Wednesday and Thursday, May 28-29, was an undoubted success. The registration was large, the weather perfect, the clinics well arranged and well attended, the scientific papers of unusual value and interest.

Wednesday morning, beginning at 10:30, clinics were given by members of the staff of the Newport Hospital. The clinics were followed by an excellent luncheon.

Wednesday afternoon, the first scientific session was held at the Hotel Viking. Dr. B. Earl Clarke, Pathologist at the Rhode Island Hospital, read the first paper, with the subject, "Intercapillary glomerular sclerosis or Diabetes-nephrosis syndrome." This paper was illustrated by projection of a re-

markable series of microphotographic slides in color. The paper on "X-ray Localization of the Placenta and the Clinical Application," by Drs. Bertram H. Buxton and Charles Potter, was read by Dr. Potter. In the discussion, Dr. Walter S. Jones paid a tribute to Dr. Russell Hunt for the excellence of the X-ray work which accompanied this study. Dr. William P. Murphy, Associate in Medicine at Harvard Medical School, spoke on "The Management of the Patient with Chronic Leukemia." This paper was illustrated by projection of another series of excellent microphotographic slides. In the discussion, Dr. Alex M. Burgess accentuated the value of quality rather than quantity in estimation of longevity. Dr. Peter Pineo Chase quoted Oliver Wendell Holmes' statement that "Nothing prolongs longevity like a chronic disease." Members of the Providence Medical History Club presented a symposium of biographical sketches of eminent Newport lights in medicine. Dr. Roland Hammond spoke on "Dr. William Hunter," Dr. Herbert G. Partridge presented "Dr. Benjamin Waterhouse," Dr. John E. Donley covered "Bishop Berkeley's Sojourn in Newport," Dr. Wilfred Pickles spoke on "Dr. Henry Turner of Newport."

Wednesday evening, Dr. Frank H. Lahey, Chief of the Lahey Clinic and President-Elect of the American Medical Association, gave the Address on "Developments in Medicine and Surgery."

Thursday morning, while operative clinics were given at the U. S. Naval Hospital by Staff Surgeons, William A. Stoops and Paul K. Perkins, a demonstration on industrial and aviation medicine was given by men from the Naval Hospital, the Naval Torpedo Station, from Quonset Point and New London Submarine Base. Many of the guests spent the forenoon in an inspection of the excellently appointed hospital. Some visited the U. S. S. Constellation, moored at the Naval Training Station. Following the clinics and demonstrations, luncheon was served at the hospital.

Thursday afternoon, at the Hotel Viking, Professor Charles Stewart of the Biological Department of Brown University spoke on "Paracolon Bacteria and Their Possible Etiological Significance in Gastro-Intestinal Disturbances." Dr. Leland S. McKittrick, of the Massachusetts General, the New England Deaconess, and the Palmer Memorial Hospitals and Instructor in Surgery at Harvard Medical School, gave "The Diagnosis and Treatment of Cancer of the Right Colon." Dr. W. O.

Thompson, of the Presbyterian Hospital and Rush Medical College of the University of Chicago, spoke on "Sex Hormones; Clinical Application." These papers were illustrated with lantern slides.

Dr. Lucius C. Kingman, President of the Rhode Island Medical Society, presented the Annual Address with the subject, "A Generation of Surgery." Following this address, Dr. Frederic V. Hussey was inducted into office as the President for 1941-42.

Thursday evening, the Annual Dinner was served at the Hotel Viking. Dr. Samuel Adelson, the Anniversary Chairman, introduced as speaker Mortimer A. Sullivan, Associate Justice of the Rhode Island Superior Court at Newport.

The registration at the Annual Meeting was 265, including 174 fellows of the Society, 26 wives of members and 65 other guests. Attendance at the Newport Hospital was 60, at the U. S. Naval Hospital, 130.

Commercial exhibits, usually an important feature of the convention, this year were a disappointment to both exhibitors and guests because of the inadequate space allotted for them.

The ladies who attended the convention agree that they were royally entertained. Mrs. Samuel Adelson, who had charge of the program for women, is to be congratulated on the success of this feature of the convention. Wednesday morning there was a visit to many of the historic spots in Newport. The Vernon House and the Wanton-Lyman-Hazard House were open for inspection. The ladies were welcomed by the Rector at Old Trinity and by the Rabbi at Touro Synagogue. At the luncheon, served at LaForge Cottage, Mrs. Douglas P. A. Jacoby gave the address of welcome. Wednesday afternoon, the ladies visited the beautiful Van Buren Gardens. Thursday morning they went on the Ocean Drive. In the afternoon they attended a Dress Parade at the Naval Training Station and inspected U. S. S. Constellation. Tea was served in the foyer at Hotel Viking. It is to be regretted that, because of lack of advertisement, so few of the ladies were able to enjoy all of the entertainment which had so generously been provided for them.

So enjoyable was this meeting that some members of the Society are already planning for another meeting at Newport four years from now. For the outstanding success of the Newport Meeting, the Rhode Island Medical Society is indebted to the local Committee of Arrangements, headed

by Dr. Norman M. MacLeod, to the Committee of Arrangements for Women, in charge of Mrs. Samuel Adelson, to the Newport Chamber of Commerce for its new booklet on "Historic Newport," to the Hotel Viking which provided headquarters for the convention, to the Newport Historical Society and to the many others whose cooperation contributed to the pleasure and interest of the meeting.

### CORRESPONDENCE

STATE OF CONNECTICUT  
DEPARTMENT OF HEALTH  
HARTFORD

May 12, 1941

Dear Doctor Miller:

Reviewing the reprint of the "Tribute to State Health Director," article appearing in the December, 1940, RHODE ISLAND MEDICAL JOURNAL, I have noted on page 3 the following statement:

"Under his direction, Rhode Island in 1929 was the first state to allocate deaths to the place of residence of the decedent, and births to the residence of the mother."

I am sure you will be interested in another quotation from page 5 of the 1927 State of Connecticut Registration Report, being the eightieth such publication.

"Certain important changes are for the first time included in this volume. The major change is the allocation of all deaths to the residence of the decedent, and the allocation of all births to the residence of the mother."

The allocation of births and deaths has indeed been of great value to this state and in continuation of the program, on page 3 of the reprint, I note that Rhode Island has also benefited by a system of allocation. Under the circumstances it may be fitting if notice might be made in the RHODE ISLAND MEDICAL JOURNAL that Connecticut began its system of allocation in 1927.

Sincerely yours,

STANLEY H. OSBORN  
Commissioner

### RHODE ISLAND MEDICAL SOCIETY Minutes of the One Hundred and Thirtieth Annual Sessions

*Continued from page 120*

#### Report of the Secretary

The Rhode Island Medical Society has held the regular meetings of the Council and House of Delegates, the Annual Scientific Meeting last June, and a meeting in March which was devoted to a discussion of military and naval affairs.

The speakers at the March meeting were Captain Joseph A. Biello, M.C., U. S. Navy, who spoke on "The Duties and Responsibilities of the Medical Officers of the U. S. Navy" and Colonel H. P. Carter, M.C., U. S. Army, who talked on "The Organization and Activities of the Army Medical Department".

Your Secretary still feels that the mid-winter meeting is helpful in bringing the members of the County Societies in closer touch with each other in these times when there are so many problems to be solved.

For the moment, at least, and probably due to the war, there is a great deal less social and economic legislation being pressed upon us. It has been a relatively quiet year. However, we expect more at a later date.

Since May 16, 1940, the following changes in membership have occurred:—

18 new members have been added.  
2 members have been reinstated.  
8 members have died.  
1 member has resigned.  
1 member has been dropped.  
Present membership 496.

I wish to thank the Council and House of Delegates for their cooperation, kindness and support, not only this year, but during my term as your Secretary.

Respectfully submitted,

GUY W. WELLS, M.D.  
Secretary

#### Committee on the Annual Meeting (Committee on Arrangements)

Plans for the Annual Meeting, to be held in Newport on Wednesday and Thursday, May 28-29, 1941, are virtually completed.



Headquarters will be at the Hotel Viking. Arrangements are to be made with the local police, whereby cars exhibiting the sticker of the Society will have adequate parking facilities. The sticker will also admit to the Naval Hospital grounds. These will be given out at the time of registration.

On Wednesday, there will be a morning clinic at the Newport Hospital, followed by afternoon and evening sessions at the hotel.

Thursday morning, there will be a clinic at the Naval Hospital, followed by an afternoon session at the hotel. In the evening will be held the Annual Dinner.

The subcommittee on Commercial Exhibits has arranged a strong showing. This has been facilitated by the fact that our dates this year do not conflict with those of the A.M.A. In addition, it is planned to have an exhibit from the Tumor Clinic of the Pawtucket Memorial Hospital, and possibly one other medical demonstration.

In addition to organizing a strong scientific program, the local Newport group has made every effort to make the Society comfortable socially. There are plans for entertainment of the wives, including an historical tour of the city and a visit to the Naval Station.

Although your committee feels unable to assume responsibility for housing arrangements, we are cooperating with the hotel management in an effort to eliminate as many difficulties as possible. Last week a letter of prospectus was mailed to all members, outlining the program, rates, etc. In less than a week, we have had replies from over 20%, in spite of the fact that the meeting is still three weeks away.

With the same cooperation from the rest of the membership, there is every reason to expect that the Annual Meeting will go off smoothly, and to the enjoyment and profit of the entire Society.

Respectfully submitted,

WALTER S. JONES, M.D.,  
*Chairman*

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#### Public Health Committee

This is the first report of the Committee on Public Health since its appointment by the President on January 24, 1941. It is made up of the Chairmen of the following five sub-committees, — Charles F. Gormly, Industrial Health; Herman C.

Pitts, Cancer; Stanley Sprague, Public Health Clinics; Henry E. Utter, Child Health; John G. Walsh, Maternal Mortality. No formal meetings of this Committee have been held as no new business has been offered for its consideration. However, as organized, it is to be anticipated that the function of the Committee will be of increasing importance particularly in its advisory and consultative capacity.

Respectfully submitted,

CHARLES F. GORMLY, M.D.,  
*Chairman*

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#### Sub-Committee on Industrial Health

Several meetings of this Committee have been held during the past year and a close contact has been established with the Industrial Commission of the Rhode Island Department of Public Health.

On January 13th and 14th, 1941, your Chairman attended the Third Annual Congress on Industrial Health sponsored by the Council on Industrial Health, American Medical Association at the Palmer House, Chicago. This meeting was devoted to general sessions, clinics and demonstrations of Industrial Medicine, Hygiene, etc. Among the important problems considered was the problem of the Industrial physician in National Defense and the availability of trained Industrial Health personnel. At this meeting under the title "Aging as a Problem of Industrial Health," Dr. Edward J. Stieglitz, Research Associate in Gerontology, National Institute of Health, U. S. Public Health Service, described this newest specialty in the medical field.

At the present time this Committee has under investigation a claim made by the publishers of Medical Economics that "Industrial plants in Rhode Island have worked one physician against another in order to obtain lower charges for services. To meet this situation local physicians have formed a club which expels any member who accepts an offer of this character."

With the increasing share taken by Rhode Island industry in general in the National preparedness program it is to be expected that the Industrial Medical program of the Rhode Island Medical Society will be of increasing importance.

Respectfully submitted,

CHARLES F. GORMLY, M.D.,  
*Chairman*

**Report of the Treasurer**

*The following is the Annual Report of the Treasurer for the year 1940.*

**RHODE ISLAND MEDICAL SOCIETY**

IN ACCOUNT WITH J. E. MOWRY, M.D., TREASURER

Cash on Hand January 1, 1940 .....	\$2,861.71
Outstanding checks .....	23.50
	<hr/>
	\$2,838.21
Annual Dues .....	4,485.00
Donations .....	828.14
Harris Fund .....	259.00
Terry Fund .....	67.20
Davenport Fund .....	62.30
Ely Fund .....	86.92
Morgan Fund .....	30.10
Endowment Fund interest transferred to Peoples Savings Bank .....	99.80
Exhibits, Annual Meeting, Donation .....	710.00
	<hr/>
	\$9,466.67
Net cash profit to R. I. Medical Society from Exhibits .....	\$555.18
Collation and Annual Dinner Expenses .....	606.00
Printing and Postage .....	242.99
Gas .....	49.44
Electricity .....	103.35

Fuel .....	\$647.50
Telephone .....	127.36
City Water .....	22.89
House Supplies and Expenses .....	330.17
House Repairs .....	401.10
Librarian .....	1,660.00
Janitor .....	840.00
Journals, Ely and Terry Funds .....	79.88
Davenport Fund, 3 books .....	9.98
Safe Deposit .....	6.60
Treasurer's Bond .....	25.00
Dues, Medical Library Association .....	15.00
Delegate, American Medical Association .....	100.00
Expenses, Committees and Exhibits .....	163.97
Insurance .....	230.25
Medical Directory, 2 copies .....	30.00
Dr. Rogers' Portrait .....	20.00
Rhode Island Medical Journal .....	243.00
Endowment Fund interest transferred to Peoples Savings Bank .....	99.80
Library Assistant .....	1,060.00
	<hr/>
	\$7,114.28
Cash on Hand to Balance .....	2,352.39
	<hr/>
	\$9,466.67

Respectfully submitted,

JESSE E. MOWRY, M.D.,  
Treasurer

**J. W. C. Ely Fund**

January 1, 1940	
37 shares Rhode Island Public Service Co. ....	\$1,071.67
Interest .....	74.00
11½ new shares Common Stock, Me- chanics National Bank .....	280.00
Shares changed to 11 <sup>70</sup> / <sub>100</sub> ; 7 <sup>00</sup> / <sub>100</sub> sold .....	12.92
Interest in default .....	
	<hr/>
	\$1,438.59

January 1, 1941	
37 shares Rhode Island Public Service Co. ....	\$1,071.67
11 new shares Common Stock, Me- chanics National Bank .....	206.25
Decrease in value, Mechanics National Bank Stock .....	73.75
Paid Rhode Island Medical Society for Journals .....	86.92
	<hr/>
	\$1,438.59

**Endowment Fund**

January 1, 1940	
16 shares National Bank of Commerce & Trust Co. ....	\$1,200.00
Interest .....	48.00
74 shares Providence Gas Co. ....	906.50
Interest .....	51.80
Peoples Savings Bank .....	3,598.38
Bank Interest .....	72.32
	<hr/>
	\$5,877.00

January 1, 1941	
16 shares National Bank of Commerce & Trust Co. ....	\$1,200.00
74 shares Providence Gas Co. ....	906.50
Peoples Savings Bank .....	3,770.50
	<hr/>
	\$5,877.00

**E. M. Harris Fund**

January 1, 1940		January 1, 1941	
2,000 A-NY & B-NY Realizing Corp.		2,000 A-NY & B-NY Realizing Corp.	
Debentures 5½% .....	\$2,000.00	Debentures .....	\$2,000.00
4 shares stock A-NY & B-NY Realizing Corp. ....		4 shares stock A-NY & B-NY Realizing Corp. ....	
Payment on principal of above debentures and interest .....	51.00	2,000 General Public Utilities .....	1,980.00
2,000 General Public Utilities Co. 6½% .....	1,980.00	26 shares Nicholson File Co. ....	1,040.00
Interest .....	156.00	Paid R. I. Medical Society for Repairs on Building .....	259.00
26 shares Nicholson File Co. ....	1,040.00		
Interest .....	52.00		
	<hr/>		<hr/>
	\$5,279.00		\$5,279.00

**Frank L. Day Fund**

January 1, 1940		January 1, 1941	
3,000 Canadian National Railway Co. ....	\$2,979.75	3,000 Canadian National Railway Co. ....	\$2,979.75
Interest .....	135.00	Paid for Medical Books .....	112.10
Industrial Trust Company .....	498.29	Industrial Trust Company .....	521.19
	<hr/>		<hr/>
	\$3,613.04		\$3,613.04

**Herbert Terry Fund**

January 1, 1940		January 1, 1941	
96 shares Providence Gas Co. ....	\$1,152.00	96 shares Providence Gas Co. ....	\$1,152.00
Interest .....	67.20	Paid Rhode Island Medical Society for Journals .....	67.20
	<hr/>		<hr/>
	\$1,219.20		\$1,219.20

**James R. Morgan Fund**

January 1, 1940		January 1, 1941	
43 shares Providence Gas Co. ....	\$526.75	43 shares Providence Gas Co. ....	\$526.75
Interest .....	30.10	Paid Rhode Island Medical Society for Expenses .....	30.10
	<hr/>		<hr/>
	\$556.85		\$556.85

**James H. Davenport Fund**

January 1, 1940		January 1, 1941	
89 shares Providence Gas Co. ....	\$1,068.00	89 shares Providence Gas Co. ....	\$1,068.00
Interest .....	62.30	Books purchased .....	9.98
Balance on hand .....	558.73	Balance on hand .....	611.05
	<hr/>		<hr/>
	\$1,689.03		\$1,689.03

**Cataloguing Fund**

January 1, 1940		January 1, 1941	
Providence National Bank .....	\$20.92	Providence National Bank .....	\$20.92

**Participation Account**

January 1, 1940		January 1, 1941	
Providence Institution for Savings .....	\$592.59	Providence Institution for Savings .....	\$604.49
Interest .....	11.90		
	<hr/>		<hr/>
	\$604.49		\$604.49

**Report of the Trustees of the Fiske Fund  
One Hundred and Sixth Year**

*Trustees*

LUCIUS C. KINGMAN, M.D.

FREDERIC V. HUSSEY, M.D.

JOHN PAUL JONES, M. D.

*Secretary to the Trustees*

WILFRED PICKLES, M.D.

*May 27, 1941—First Meeting of the year*

The meeting was held at the home of Dr. Fred-eric Hussey and was attended by Drs. Kingman, Hussey, Jones and Pickles. The Secretary drew the attention of the Trustees to the fact that the funds are on deposit by court order and that no change is possible, but that this fact has cut the income from over four hundred dollars a year to less than one hundred dollars annually. There are accumulated dividends enough to permit the Fund to carry on its activities for some years, but, if conditions remain the same, some curtailment will be necessary.

It was voted to award a premium of two hundred and fifty dollars to an essay entitled "The Surgical Treatment of Peptic Ulcer," bearing the motto "A surgical procedure, for any given pathologic condition, must fulfill the following requirements if it is to be successful; satisfactory immediate recovery; brief and uncomplicated convalescence; early return to usefulness; and permanency of cure." On opening the envelope accompanying the dissertation it was found that the author was

*Dr. Adolph W. Eckstein of Providence*

In view of the financial condition of the fund, it was voted that the emolument of the Trustees be returned to the Fund.

The Secretary was directed to arrange for the publication of the current Essay. He was further instructed to arrange for the care of Dr. Fiske's grave.

It was voted that a prize of two hundred dollars be offered for the best Essay to be submitted before May 1, 1942, on the subject "Chemotherapy and its Clinical Applications," the conditions of the contest to remain as at the present.

The usual following financial report was submitted by the Secretary and was approved by the Trustees.

Respectfully submitted for the Trustees,

WILFRED PICKLES, M.D.

*Secretary to the Trustees of the  
Caleb Fiske Fund.*

**Committee on Education, State and National**

Herewith is submitted the report of the Committee on Education of the Rhode Island Medical Society for the year commencing June 1, 1940.

The fifteen-minute radio talks which have now been running continuously since December 1938, over Station WPRO every Sunday afternoon at 1:30 P. M., have been continued without letup, and it is apparent from the many letters and requests for copies of talks that our audience is a growing and enthusiastic one. Forty-seven radio talks have been given in the past year of which the following is a list:

72. May 19—Epilepsy  
Dr. W. Merrill, Washington, R. I.
73. May 26—Appendicitis  
Dr. S. Adelson, Newport, R. I.
74. June 2—Coronary Heart Disease  
Dr. C. Leech, Providence, R. I.
75. June 9—Hemorrhoids  
Dr. E. Bowen, Providence, R. I.
76. June 16—Modern Conception of Burns  
Dr. M. Scanlon, Newport, R. I.
77. June 23—The Care of Your Hair  
Dr. F. Ronchese, Providence, R. I.
78. June 30—What You Should Know About Diabetes  
Dr. L. Kramer, Providence, R. I.
79. July 7—Radium, Its Present Day Uses  
Dr. J. Eddy, 3rd, Providence, R. I.
80. July 14—Your Child in Hot Weather  
Dr. F. Jacobson, Providence, R. I.
81. July 21—Facial Palsies  
Dr. L. Senseman, Saylesville, R. I.
82. July 28—Allergy  
Dr. F. Chafee, Providence, R. I.
83. Aug. 4—Varicose Veins  
Dr. J. Dziob, Providence, R. I.
84. Aug. 11—Eye Strain  
Dr. F. Dimmitt, Providence, R. I.
85. Aug. 18—Tonsils and Your Health  
Dr. C. Dotterer, Newport, R. I.
86. Aug. 25—Your State Laboratory  
E. Staff, Providence, R. I.
87. Sept. 1—High Blood Pressure, Its Surgical Treatment  
Dr. S. Goldowsky, Providence, R. I.
88. Sept. 8—Fracture of the Hip  
Dr. H. Harris, Providence, R. I.
89. Sept. 15—Gout  
Dr. C. Hathaway, Wakefield, R. I.
90. Sept. 22—Surgical Conditions of the Foot  
Dr. A. Hardy, Providence, R. I.
91. Sept. 29—Our Public Health Problems  
L. Round, Ph.D., Providence, R. I.



92. Oct. 6—The Problem of Hernia  
Dr. D. Freedman, Providence, R. I.
93. Oct. 13—Arthritis, Its Causes and Treatment  
Dr. R. Luft, Providence, R. I.
94. Oct. 20—The Importance of Anesthesia  
Dr. J. Hayward, Providence, R. I.
95. Oct. 27—Industrial Surgery  
Dr. V. Monti, Providence, R. I.
96. Nov. 3—Athlete's Foot  
Dr. C. Sawyer, Providence, R. I.
97. Nov. 24—Tuberculosis  
Dr. F. Merlino, Providence, R. I.
98. Dec. 8—The Physician and Medical Preparedness  
Dr. H. DeWolf, Providence, R. I.
99. Dec. 15—Appendicitis  
Dr. J. Belliotti, Providence, R. I.
100. Dec. 22—Children's Colds  
Dr. H. Calder, Providence, R. I.
101. Jan. 5—The Business Side of A Hospital  
Dr. D. Richardson, Providence, R. I.
102. Jan. 12—Cancer of the Stomach  
Dr. W. Davis, Providence, R. I.
103. Jan. 19—Low Back Pain  
Dr. R. Henry, Pawtucket, R. I.
104. Jan. 26—Pneumonia  
Dr. C. Gormly, Providence, R. I.
105. Feb. 2—Chemotherapy  
Dr. H. Campbell, Pawtucket, R. I.
106. Feb. 9—Headache  
Dr. H. Sanborn, Providence, R. I.
107. Feb. 16—Diet and Health  
Dr. E. Field, Providence, R. I.
108. Feb. 23—Buerger's Disease  
Dr. P. Geller, Newport, R. I.
109. Mar. 2—Deafness  
Dr. G. McCurdy, Providence, R. I.
110. Mar. 9—Eyes in Health and Disease  
Dr. H. Stephens, Providence, R. I.
111. Mar. 16—Some Remarks about Vitamins  
Dr. E. Wing, Providence, R. I.
112. Mar. 23—The Importance of the X-ray  
Dr. P. Batchelder, Providence, R. I.
113. Mar. 30—The Nurse and the National Emergency  
Miss Sally Hall, Providence, R. I.
114. Apr. 6—Behavior Problems in Childhood  
Dr. A. Ruggles, Providence, R. I.
115. Apr. 13—Modern Methods of Diagnosis  
Dr. J. Kenney, Pawtucket, R. I.
116. Apr. 20—Carbon Monoxide Poisoning  
Dr. R. Abbate, Providence, R. I.
117. Apr. 27—The Problem of Goitre  
Dr. C. Ashworth, Providence, R. I.
118. May 4—Present Day Treatment of Burns  
Dr. F. Hanley, Rumford, R. I.

2,521 letters have been received by your committee from the general public requesting copies of these talks and this same number have been mimeographed and mailed to the radio audience. There are seven who call for a copy of each lecture. This regular mailing list includes Miss Macdonald at the Public Health Library; Mr. Chapman from the Y. M. C. A.; Mr. Bartley from the R. I. Pharmaceutical Society; and a gentleman from the Red Cross. Many of the letters received contain not only requests but expressions of appreciation. One of the lectures this year received not only 65 requests but 12 postcards and 4 letters which were merely congratulatory.

It is the belief of your committee that these radio talks should again be continued as in the past. We wish to express our thanks to Miss Dickerman and her associates and to Mr. John Farrell, Executive Secretary of the Providence District Society, for the work and assistance which they have rendered to the committee. We wish also to express our thanks to Station WPRO for its courtesy in giving us time, to Blanding & Blanding, Inc. for the advertising which has been freely contributed, and to the many members of the profession who have by their cooperation and suggestions been of invaluable aid.

Respectfully submitted,  
JESSE P. EDDY, 3RD, M.D.,  
*Chairman*

#### Trustees of the Rhode Island Medical Library Building

A meeting of the board of Trustees was held on July 17, 1940. At this meeting it was voted to redecorate the reading room. This redecorating was done during September.

Dr. Partridge was appointed as a committee of one to consider the matter of a new bookcase with glass doors and a secure lock for the safe keeping of valuable books. This case has since been built and placed in the reading room.

Also at the meeting it was voted to have a photograph of Dr. Frederick T. Rogers copied and enlarged. This has been done and the photograph has been framed. It is now hanging on the walls of the reading room.

New lights for the reading room are under consideration.

Respectfully submitted,  
JOHN P. JONES, M.D.,  
*Chairman*

### **Committee on Social Welfare**

This committee has had one meeting. Those present were Drs. Burgess, Young and Buffum and Mr. Glen Leet, the Public Assistance Director, met with us.

The object of the meeting was to discuss the medical care of the S. U. R. recipients and to decide how we could help Mr. Leet improve this service.

It was decided that this committee could be of help in supervising the program of medical care if this program was under the direction of a physician as medical director.

It was also decided that the chairman meet with Mr. Leet and outline the changes that in their opinions should be made and then this outline be presented at the next committee meeting for discussion.

The chairman and Mr. Leet have met five times and have drawn up such an outline. As yet arrangements have not been made for the employment of a medical director.

At present the Department of Public Assistance pays \$2.00 a day to the hospitals for hospital care of S. U. R. recipients. The committee recommends that the Rhode Island Medical Society ask the Department of Social Welfare to raise this payment to \$4.00 a day.

Respectfully submitted,  
WILLIAM P. BUFFUM, M.D.,  
*Chairman*

### **Committee on State Policies of Public Health**

Shortly after the first of January the Policy Committee was informed indirectly that the Governor would be pleased to consult with authorized representatives of the Rhode Island Medical Society in regard to public health matters. A meeting of the Policy Committee was called by Dr. Hussey, then chairman, and the meeting was held at the Library Building. After free discussion it was voted to recommend to the Governor that no change be made in the office of Director of Public Health, basing its recommendation on the behalf that continuity of policy in that department was essential for efficiency. It was considered better as a matter of practical politics not to insist on its previous recommendation that the Director of Public Health have a degree of doctor of medicine as well as long experience in public health work. It was also con-

sidered wise that the initiative come from the Governor. He has not, up to the present time, sought the co-operation of the Rhode Island Medical Society.

After consultation with the President of the Society the present Chairman wrote a letter to the Governor calling his attention to the fact that, in the bill designed to affect the re-organization of the state government, there was no provision that the proposed Director of State Hospitals and Infirmaries should hold the degree of Doctor of Medicine and recommending that such change be incorporated. He also offered the co-operation of the Medical Society in any matters concerning public health. At the present time this letter remains unanswered.

Respectfully submitted,  
EDWARD S. BRACKETT, M.D.,  
*Chairman*

### **Sub-Committee on Child Health**

The Sub-committee on Child Health has functioned under the pro-existing title of the Child Health Relations Committee. This Committee further serves as one appointed by the American Academy of Pediatrics.

The object of this committee is to assist in the projects of the Rhode Island Child Health Bureau.

During the past year contact has been made with hospitals throughout the state relative to the matter of the care of premature babies in order that the mortality in this group may be still lowered. It has been suggested to the obstetrical departments of the various hospitals that a box equipped with apparatus for heating the same and the provision of oxygen to be used for the transportation of premature infants from their homes when born there to the hospitals. Such boxes are being provided by the Child Health Bureau.

A further activity has consisted in the request to hospitals that all new born infants be given a dose of Vitamin K at the time of birth. Such a procedure will eliminate the incidence of hemorrhagic disease of the new born. Some hospitals have expressed their willingness to co-operate in this matter.

During the year the American Legion at the instigation of your committee have made an investigation of the theatres throughout the state relative to their care of children who attend such

theatres unattended. Also this investigation has included the matter of fire hazards in these theatres.

Your committee has met with Dr. Horan in the matter of securing the cooperation of the Department for the care of Crippled Children for the children requiring care and hospitalization for rheumatic heart disease. Since this meeting there has been much public agitation in this matter and it is hoped that in a very short time that this type of child will be dealt with by the same department which includes orthopedic cripples.

Respectfully submitted,

HENRY E. UTTER, M.D.,  
*Chairman*

## PROVIDENCE MEDICAL ASSOCIATION

### April Meeting

A regular meeting of the Providence Medical Association was held at the Medical Library on Monday, April 7, 1941. The meeting was called to order by President Danforth at 8:30 P. M. The records of the previous meeting were read by the Secretary.

The Secretary read a communication from the Director of the Business Men's Club of Providence Y. M. C. A. relative to the physical recreational facilities available to physicians of the community, and another communication from the Winthrop Chemical Company, Inc., relative to the tablets of Sulfathiazole-Winthrop which were accidentally contaminated with phenobarbital and were issued for public consumption.

The Secretary reported that the executive committee recommended for election to membership Dr. Joseph A. St. Angelo. It was moved, seconded, and passed that Dr. St. Angelo be elected to membership.

In the absence of Dr. Robert M. Lord, Chairman of the Committee on Pre-School Examination, Dr. Thomas J. Dolan read a brief report of the work of the pre-school committee in its plan for the annual check-up of all Providence School children who will enter school for the first time next Fall.

The President announced that the tribute to the late Dr. John J. Kenney which has been prepared by Drs. William S. Streker and William R. McGuirk, had been transmitted to the executive secretary and placed on file.

The obituary tribute to the late Dr. Charles V. Chapin, which had been prepared by Drs. John M. Peters and Dennett L. Richardson, was read by Dr. Peters and then placed on permanent file.

An explanation of the recent cancer legislation which requires the reporting of the disease upon diagnosis by any doctor or hospital superintendent to the State Health Department was given by Dr. Herman C. Pitts, Chairman of the Cancer Committee of the State Medical Society.

Dr. Danforth appointed Drs. Charles E. V. Kennon and John F. Ferguson as a committee to prepare an obituary tribute to the late Dr. Harry S. Flynn.

The president introduced Dr. Philip D. Wilson, Surgeon-in-Chief, New York Hospital for Ruptured and Crippled, who presented the topic "Medical and Surgical Work in Great Britain." Dr. Wilson described in interesting detail his experiences in England during the fall of 1940. He recounted his experiences during the air raids, and described the various types of bombs used and the defense measures that were developed. He spoke in particular about his experiences in treating wounds resulting from high explosives, particularly compound fractures. The basis of his treatment was skeletal traction and the local use of sulfathiazole which, in his experience, has been remarkably effective against gas bacillus infection. He ended his talk by showing colored moving pictures illustrating the points under discussion. The paper was discussed by Drs. Gregory, Pitts, Wells and Gormly.

The meeting adjourned at 10:35 P. M. Collation was served. Attendance 160.

Respectfully submitted,

FRANK B. CUTTS, M.D., *Secretary*

## NEWPORT COUNTY MEDICAL SOCIETY

### May Meeting

The regular meeting of the Newport County Medical Society was held on Tuesday, May 13, 1941, at 8:30 P. M. at the Newport Hospital. Dr. Samuel Adelson presided. Minutes of the previous meeting were read and approved. Dr. Charles Barrus Coppi of Jamestown, Rhode Island, was elected to membership.

Communications were received from the Board of Recreation Commissioners relative to examinations of boys and girls in gymnasium classes and in other athletics throughout the city. It was moved to accept the communication and further action will be taken on this at a later meeting.

Dr. Norman MacLeod spoke at length on the good progress being made towards what appears to be an interesting annual meeting of the State Medical Society. It was voted to appropriate \$25.00 from the society funds for a golf prize to be given to the winner of a tournament to be arranged by Dr. Dotterer.

Dr. Adelson then introduced the speaker of the evening, Dr. William Dameshek of Boston, who took for his subject, "Blood Diseases." The speaker covered the subjects of: 1. Effects of sulfonamides on the blood; 2. Leukemias; 3. Gold; 4. Anemias of children; 5. Value of plasma in blood transfusions; 6. Blood grouping of infectious agranulocytosis.

An important point brought out in his talk was that a lowered total white count in patients treated with the sulfonamides did not call for discontinuance of the drug where the drug was indicated for infection unless there was a true absence of polys. Dr. Dameshek gave a very fluent and instructive talk which was well received and followed by a general discussion.

The meeting adjourned at 10:45 P. M., followed by collation.

Respectfully submitted,

ALFRED M. TARTAGLINO, M.D.,  
*Secretary*

#### OBITUARY

##### HARRY SHERMAN FLYNN, M.D.

Harry Sherman Flynn, M.D., was born in Woodstock, Connecticut, July 14, 1868, a son of the late Francis W. and Louisa B. (Olney) Flynn and a member of one of the oldest colonial families in New England, his paternal ancestors having settled in Roxbury, Massachusetts, in the Colonial period, and later moved to Woodstock, Connecticut, in 1686.

Dr. Flynn attended the elementary school of the town and later the Woodstock Academy. After

four years in business he entered Harvard Medical School in 1889 and was graduated in 1893, and he began the practice of medicine in Providence that year.

He was one of the first medical men to devote much time and effort to industrial medicine, and he has been physician in charge of the dispensary at Brown & Sharpe Mfg. Company for the past 26 years. He was also medical examiner for the Prudential and Connecticut General Life Insurance Companies.

He was the oldest surviving member of the General Putnam Lodge of Masons of Woodstock, and he was a member of the Sons of the American Revolution. He belonged to the Rhode Island Medical Society, the Providence Medical Association, the American Medical Association and the Rhode Island Medico-Legal Association.

Dr. Flynn died at the Rhode Island Hospital March 20, 1941, of an embolus following an accidental fracture of the neck of the femur.

He was of a quiet, genial nature, of kindly friendliness to his patients and colleagues in the medical profession. He will be missed sadly by the physicians of Providence and vicinity.

C. E. V. KENNON, M.D.  
JOHN B. FERGUSON, M.D.

#### BOOK REVIEW

SYNOPSIS OF DISEASES OF THE HEART AND ARTERIES. By George R. Herrmann, M.S., M.D., Ph.D., F. A. C. P. Second Edition, pp. 468, with 91 illustrations and three color plates. Cloth, \$5.00. The C. V. Mosby Company, St. Louis, 1941.

The second edition of this small but comprehensive volume contains reviews of new ideas and developments, chapters on peripheral vascular disease, on examination of recruits, and on estimation of risk in respect to surgical and obstetrical procedures.

As in the first edition the practical aspects of the study and treatment of cardiovascular disease are stressed. The most generally accepted methods, classifications and therapies are adequately presented, colored by a minimum of the author's personal enthusiasms. There is a commendable simplicity and brevity throughout. There is no attempt to settle controversial points or to review the entire literature; rather the book is what its title indi-



cates, a synopsis. Among the several first class books dealing with cardiovascular disease this deserves a place, not as a great reference work, not as a classic on clinical heart disease, not as the authority on experimental evidence but as a practical and reasonably complete guide for the practitioner.

CLIFTON B. LEECH, M.D.

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HEMORRHAGIC DISEASES. PHOTO-ELECTRIC STUDY OF BLOOD COAGULABILITY by Kaare K. Nygaard, former Fellow in Surgery, Mayo Foundation, former Assistant Surgeon, the University Clinic, Oslo, Fellow of the Alexander Malthe Foundation for Research in Medicine, Surgery and Gynecology; 320 pp. Cloth, \$5.50; St. Louis; The C. V. Mosby Company, 1941.

This book of 315 pages of text and 5 pages of index is well written and has many diagrams, charts and tables for illustration. Adequate references are supplied at the end of each chapter. There are three main divisions of the material into technical methods, experimental investigations using the photelgraph, and clinical material with discussion of hemorrhagic diseases.

The photoelectric method of examining the coagulation of blood avoids the errors introduced by visual observation or the mechanical influences otherwise used to determine clotting. By recording the changes in light transmission of a sample of clotting blood or plasma he has been able to delimit four phases: (1) the period of dissociation, (2) the period of fibrin formation, (3) the rest period and (4) the period of clot retraction. The first two phases merge and are interdependent, so that disintegration of platelets and thrombin formation are not completed before fibrin is formed and the latter is a slow process if the former is slow. The "fifth variable," which is the decrease in light transmission caused by fibrin formation, can be used as a close approximation of the amount of fibrin formed.

The experimental section and the discussion of hemorrhagic diseases lays a firm foundation for interpretations of changes in blood coagulability in terms of hematologic and extrinsic factors.

RUSSEL O. BOWMAN, Ph.D.

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TEXTBOOK OF PEDIATRICS. By J. P. Crozer Griffith, M.D., Ph.D., and A. Graeme Mitchell, M.D. Third edition, revised and reset. pp. 991, with 220 illustrations, many in color. Cloth, \$10.00, W. B. Saunders Company, West Washington Square, Philadelphia, 1941.

Most physicians interested in pediatrics have some knowledge of the authors' earlier book, *Diseases of Infants and Children*. This later edition has been completely revised and rewritten. The title has been changed, as new material added on growth and development and on the physical and mental care of the child made the old title inappropriate.

In the 1941 edition the advice of sixty-four experts has been used. Each of these experts has edited one or more

chapters of the book, and thus we have "a degree of authority which no one or two authors or reviewers could hope to attain".

This textbook is a veritable gold mine of information. The authors have crammed into just under a thousand closely printed pages almost sufficient material for a system of several volumes.

There is one legitimate criticism that can be made. The sulfonamides, although mentioned frequently, are not given a position of sufficient importance, and the method of administration is not as thoroughly described as one would expect in a book published in 1941.

This book is a very fine one, it should be in every pediatric library and is probably at present the best one-volume textbook of pediatrics.

WILLIAM P. BUFFUM, M.D.

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THE DOCTOR AND THE DIFFICULT CHILD. By William Moodie, M.D., F.R.C.P., D.P.M. pp. 214, Cloth, \$1.50. The Commonwealth Fund, New York, 1940.

Dr. Moodie is the Medical Director of the London Child Guidance Clinic and Training Center. His book is written in simple language with a minimum of technical terms, and probably offers to the general practitioner and pediatrician as clear a picture of the aims and methods of child guidance as can be found in one small volume. Dr. Moodie understands children and his work is essentially practical, although there is obviously a background of fine scholarship.

The parent is considered more sympathetically than is usual. No matter how inept the parent is there is rarely anything to be gained by unkind criticism: the parent needs help and this can be given best by gaining his friendship, respect and trust. All treatment depends on the proper personal relationship between the doctor and the parent as well as the child.

The difficult child is difficult because his needs are not satisfied. The primary needs of a child are work, security and affection. With this as a background Dr. Moodie describes the more common emotional disturbances and cites many cases.

Any reader will get some valuable points and in addition will enjoy a very well written book.

WILLIAM P. BUFFUM, M.D.

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THE MARCH OF MEDICINE. New York Academy of Medicine Lectures to the Laity, 1940, pp. XII—154, Cloth, \$2.00. Columbia University Press, Morning-side Heights, New York, 1941.

This volume contains interpretive essays that treat of some of the most important trends in medicine: the development of care of the mentally deranged, the use of the bronchoscope, the story of the viruses, our knowledge of the blood—beginning with the seventeenth-century discovery of the microscope and coming down to the present day—and finally, the addition of chemicals to the modern defense against disease.

Despite this apparent disparity, there is a rich and helpful unity to this book. It is to be found in the fact that each author has devoted himself to common tasks — interpreting the progress of medicine, finding the significance and correlations of a great amount of scientific and historical data, and showing how doctors have come to know what they know. Medical men still follow the dictum of Francis Bacon, seeking to wrest the secrets of nature by close study of her ways and means. As Dr. Solley has so aptly said, "It is the deviousness of the pursuit, the ingenuity and indirectness of the search, that render the story of biological research so fascinating." Here is the thrilling promise of a progressive conquest of disease and of the application of scientific knowledge to social usage.

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NEOPLASTIC DISEASES, A TREATISE ON TUMORS. By James Ewing, A.M., M.D., Sc.D., LL.D. Fourth edition, revised and enlarged. pp. 1160, with 581 illustrations, Cloth, \$14.00, W. B. Saunders Company, Philadelphia, 1940.

A new edition of "Ewing" is welcomed by all who are interested in oncology. A critical review and evaluation of the many new findings and approaches to this subject add greatly to the value of the book. The retention of the old format and binding give the new volume a pleasant and friendly familiarity. The first section on General Oncology shows the most revision. The cautious judgment and open mindedness of Dr. Ewing are reflected by a characteristic sentence that is retained from the old edition: "Of the permanent results of this new era of experimental research it is too early to speak with certainty." The author's attitude toward trauma as a cause of neoplasm is considerably modified. The second section on Special Oncology remains the most complete consideration of the clinical, pathologic, and therapeutic aspects of tumor to be found in one volume. A number of new and helpful illustrations are appreciated by the reader.

B. EARL CLARKE, M.D.

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THE 1940 YEAR BOOK OF GENERAL MEDICINE. Edited by George F. Dick, M.D., J. Burns Amberson, Jr., M.D., George A. Minot, M.D., S.D., F.R.C.P. (Edinburgh and London), William B. Castle, M.D., A.M., M.D. (Hon.) Utrecht, William B. Stroud, M.D. and George B. Eusterman, M.D. pp. 934, with 210 illustrations, some in color, Cloth, \$3.00, The Year Book Publishers, Inc., 304 South Dearborn Street, Chicago, 1940.

The present volume is the fortieth in the series of the "Practical Medicine Year Books," and as such contains an anniversary preface, and five special articles, one by the editor of each section. Otherwise it is much like its predecessors, with all its 934 pages packed full of short abstracts of the current literature. Almost no medical periodical, no matter how obscure, is not represented by at least one abstract. In this, I think, these Year Books perform a genuine service, for few practitioners have either the time or the inclination to wade thru the *Folia*

*Haematologica*, or the Chinese Journal of Physiology, or even the *Wisconsin Medical Journal* for a whole year in order to find one or two articles of genuine interest. As an effective aid in covering more of the present medical literature than would be otherwise possible I believe these volumes have a perennial usefulness.

MORGAN CUTTS, M.D.

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ESSENTIALS OF THE DIAGNOSTIC EXAMINATION. By John B. Youmans, B.A., M.S., M.D. pp. 417, with 34 illustrations, many in color, and 24 tables. Cloth, \$3.00. The Commonwealth Fund, 41 East 57th Street, New York City, 1940.

This handy little book of 417 pages contains all the information the practitioner would be likely to need in carrying out physical and laboratory examinations in almost any condition he would encounter. There are very few superfluous words used and very few important ones omitted. The tests described are mostly the latest approved ones. It is gratifying to note that the phenolsulphophthalein kidney function test recommended is the 15 and 30 minutes fractionation method rather than the one hour two hour. It is modern enough to carry us through sulfapyridine determinations but not sulfathiazole. Excellent charts are included to depict the normal ranges of variation and the diagnostic significance of deviations from the normal in laboratory findings. Amongst these is that most valuable chart of cerebrospinal fluid findings in health and disease as compiled by Merritt and Fremont Smith. It is a little disappointing that the one hour 2-dose glucose tolerance test is not described, but this is a minor lack when we consider the general perfection of the book as a guide both to physical examinations and to laboratory procedures.

JOHN C. HAM, M.D.

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MERCHANTS IN MEDICINE. By Emanuel M. Josephson, M.D. pp. 223. Paper, \$1.50, Chedney Press, 108 East 81st Street, New York, 1941.

Dr. Josephson is dissatisfied. He does not approve the conduct of the American Medical Association, the American College of Surgeons, the New York County Medical Society, the New York Academy of Medicine, the Rockefeller Institute, nor of Closed Hospitals, State Medicine, Voluntary or Compulsory Health Insurance, Organized Social Service, nor of Specialty Boards. He holds that "A competent specialist must know all of medicine, he must therefore not be a specialist at all."

In this free country everyman's opinion must be heard; Dr. Josephson's book may be read with interest by those who have the time. His final chapter, with the title "The Solution of the Cost of Medical Care", promises to be constructive. Starting with the premise that "Proper food, clothing and shelter are more fundamental requisites for good health than the best medicine," he concludes that "The only ultimate solution of the cost of medical care is a solution of the problem of the economic organization of society."